



Form  
**IT-40**  
Revised 9/98  
SF# 154

# 1998 Indiana Full-Year Resident Individual Income Tax Return

Due April 15, 1999

If you are **not** filing for the calendar year January 1 through December 31, 1998,  
enter period from: \_\_\_\_\_ to: \_\_\_\_\_



315-92-6721

ANDREW M FORD

6222 KINGSLEY DR

INDIANAPOLIS

IN 46220-0000

Enter the **2-digit county code** numbers (found on page 6 in the instruction booklet)  
for the county where you lived and worked on January 1, 1998.

Check the box if you are  
married filing separately. ☐

School District  
Number (see page 26) **3 0 3 0**

**Taxpayer**  
County where you lived **0 1** County where you worked **0 1**  
**Spouse**  
County where you lived  County where you worked

1. Enter your Federal Adjusted Gross Income from your federal return (see page 8) ..... 1 **0 3 0 0 0 0 0**
2. Tax Add-Back: Tax deducted from federal Schedules C, C-EZ, E, and/or F only ..... 2
3. Net Operating Loss Carry forward from federal Form 1040, line 21, 'Other Income' ..... 3
4. Income taxed on federal Form 4972 (attach Form 4972: see page 9) ..... 4
5. **Total Indiana Income:** Add lines 1 through 4 ..... 5 **0 3 0 0 0 0 0**
6. Indiana Deductions: Enter Box A amount from the top of the back page. **NOTE:** If you are claiming other deductions, **do not** enter the Box A amount here. Instead, enter amount from Schedule 1, line 19, and attach Schedule 1 ..... 6 **1 0 0 0 0 0**
7. **Indiana Adjusted Gross Income:** Line 5 minus line 6 ..... 7 **0 2 9 0 0 0 0**
8. Number of exemptions claimed on your federal return **1** x \$1,000.  
(If no federal return was filed, enter \$1000 per qualifying person: see page 13.) ..... 8 **1 0 0 0 0 0**
9. Additional exemption for certain dependent children (see page 13) Enter number  
claimed in box  x \$500 ..... 9 **0 0 0 0**
10. Check box(es) below for additional exemptions if, by December 31, 1998:  
You were: 65 or older ☐ or blind ☐. Spouse was: 65 or older ☐ or blind ☐.  
Number of boxes checked **0** x \$1,000 ..... 10 **0 0 0 0**
11. **Total Exemptions:** Add lines 8, 9 and 10 ..... 11 **1 0 0 0 0 0**
12. **State Taxable Income:** Line 7 minus line 11 (if answer is less than zero, leave blank) ..... 12 **2 8 0 0 0 0**
13. **State Adjusted Gross Income Tax:** Multiply line 12 by 3.4% (.034) ..... 13 **9 5 2 0 0**
14. **County Income Tax.** See instructions on page 13 ..... 14 **2 2 4 0 0**
15. Use Tax due on out-of-state purchases (see page 16) ..... 15
16. Household Employment Taxes: Attach Schedule IN-H (see page 16) ..... 16
17. **Total Tax:** Add lines 13 through 16. Enter here and on line 24 on the back ..... 17 **1 1 7 6 0 0**
18. Indiana State Tax Withheld: From box 18 of your W-2s, box A of WH-18s or from 1099s ..... 18 **0 0 0**
19. Indiana County Tax Withheld: From box 21 of your W-2s, box B of WH-18s or from 1099s ..... 19 **0 0 0**
20. 1998 Estimated Tax Paid: Include any extension payment made on Form IT-9 ..... 20
21. Unified Tax Credit for the Elderly: see instructions on page 18 ..... 21
22. Indiana Credits: Enter the total from line 12, Schedule 2: Attach Schedule 2 ..... 22
23. **Total Credits:** Add lines 18 through 22. Enter here and on line 25 on the back.. ..... 23 **0 0 0**

AA  BB  CC  DD

Turn the page

Attach W-2 Forms between Lines 1 and 23



# STATE OF INDIANA

ANDREW M FORD

6222 KINGSLEY DR  
INDIANAPOLIS

IN 46220-0000

Date: February 17, 1999

SSN: 315-92-6721

SSN:

Dear Taxpayer,

Your electronically filed 1998 Indiana Individual Income Tax return indicates that you have a balance due to the Indiana Department of Revenue in the amount of \$1176.00 .

You should remit the balance due to the following address prior to April 15, 1999, to avoid penalty and interest.

INDIANA DEPARTMENT OF REVENUE  
P. O. Box 1674  
Indianapolis, IN 46206-1674

All checks or money orders are to be payable to the "Indiana Department of Revenue." If you have any questions concerning this balance due, you should contact the tax representative who filed your income tax return electronically.

Sincerely,

INDIANA DEPARTMENT OF REVENUE

Detach and mail bottom portion with your payment (Made payable to The Indiana Department of Revenue).

315-92-6721

ANDREW M FORD

Amount You Owe

1176.00

IND  
04151999

Amount  
Paid:

\$

Send To: Indiana Dept. of Revenue

I authorize payment of my liability using: (Subject to verification of credit limit)

## Discover Card Payment Authorization

VERIFICATION (Dept. Use Only) \_\_\_\_\_

CARD NUMBER     -     -     -     EXPIRATION DATE

Month Year

Discover Card Member Signature

